

**Labor Organization Officer
and Employee Report**

**U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards**



This report is mandatory under P.L. 93-257, as amended. Failure to timely may result in
fines and other penalties as provided by 29 U.S.C. 429, et seq.

Form approved - OMB No. 1215-0188
Expires 11-30-2002

015379

1. Name and address of person being Martha "Marti" Fields 1190 Durfee Avenue, Suite 200 S. El Monte, CA 91733	2. Name and address of labor organization Miscellaneous Warehousemen Drivers and Helpers Local 986 1190 Durfee Ave., Suite 200 S. El Monte, CA 91733	
3. Position in labor organization Secretary	4. Date fiscal year ended 12/31/00	5. File number (if applicable) U-1543
6. Other appropriate data below. In during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the questions set forth in the instructions):		
7. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employee your organization represents or is actively seeking to represent.		
8. Nature of Employee Address of Employer		

Nature of Interest, Transaction or Income

1. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employee your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

9. Name of business	Address of business
American Income Life Insurance Co. P. O. Box 2608, Waco, Texas 76797	

10. Business deals with	11. If 9B or 9C is checked give trust or employer's name
<input checked="" type="checkbox"/> A. Labor Organization <input type="checkbox"/> B. Trust <input type="checkbox"/> C. Employer	N/A

11. Nature and approximate dollar value of such dealings
Premium paid for AD&D Policy by insurance company 11/99 - 7/00 \$2.79

12. Nature of interest held or income received
Benefit of premium paid by insurance company; policy cancelled effective 7/31/00 by Local 986.

13. Received from any employer (other than an employer covered under 9A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

14. Name and address of employer <input type="checkbox"/>	or consultant <input type="checkbox"/>	15. Nature of payment

If more space is needed attach additional exhibits

16. Signature and Verification—The undersigned declares under the applicable provisions of the law, that all of the information in this report, including the documents incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed: Martha Marti Fields at S. El Monte, CA 5000 on 8/3/00
City State Date

Form LM-30 (Rev. 7-28-98)